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Bib Data Sheet

CONFIRMATION NO. 5958

SERIAL NUMBER 10/711,959	FILING OR 371(c) DATE 10/15/2004 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. BUR920040201US1
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** CONTINUING DATA *****

None *PS*

** FOREIGN APPLICATIONS *****

None *PS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 12/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Shallab</i> Examiner's Signature	<i>PS</i> Initials			

ADDRESS
 45093

TITLE

INTEGRATED CIRCUIT SELECTIVE SCALING

FILING FEE RECEIVED 1234	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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